# Health Care Organization and Administration

## **Policy**

- A. The Department shall provide all prisoners with necessary health care by qualified practitioners and allied health care personnel.
- B. Department or contract health care personnel shall make health care treatment decisions. Security and administrative staff may not interfere with necessary health care treatment decisions. Institutional security policies shall also apply to health care personnel.
- C. The Department shall provide health care personnel with orientation training and continuing education, as resources permit.

### **Procedures**

## A. Prisoner Health's Organization Chart

- The Health Care Administrator or designee shall prepare and maintain an organization chart for the Inmate Health Section. The chart must outline the section of Inmate Health's organization within the Department's organization chart and reflect the administrative sub-units and supervisory authority between institutional management, health care staff, and the Health Care Administrator. See attached chart (807.01A). See also policy #102.01, Institutional Administration and Organization. The Director of Institutions shall review and approve the organization chart for the health care component.
- The Department shall review the health care organization chart in conjunction with the annual inspection and audit report. See policy #101.01, Monitoring Responsibility: Field Reports and Annual Inspection.

# B. Standard Operating Procedures (SOPs) and Protocols

- SOPs. The Institutional Health Care Officer shall develop and maintain SOPs specifically needed by each facility consistent with the Department's health care policies and procedures. The officer shall submit a draft of all SOPs to the Health Care Administrator and superintendent for approval.
- Protocols. The Health Care Operations Officer and the Health Care Administrator or designee shall develop written protocols for health care personnel.
- Position Description Ouestionnaire (PDQ). The health care supervisor and employee shall develop and revise PDQ's as necessary for the employee's position. The Health Care Administrator shall approve the PDQ. All Inmate Health staff shall follow the written PDQs on file at the institution.

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- C. Health Care Administration and Staff. The Health Care Administrator is responsible for the administration and development of the Department's prisoner health care program. The health care supervisors and staff consist of those individuals identified in the organizational chart in section A above.
- Medical Advisory Committee. The Medical Advisory Committee (MAC), a Commissioner-appointed panel, shall make Department decisions on all non-emergency hospitalizations and surgeries, some specialty referrals, complex cases, special studies or treatments, and prisoner health care grievance appeals. MAC also shall review health care policies and procedures and Departmental decisions that deny a prisoner treatment recommended by a consulting physician. See policy 807.02, Access to Health Care Services. MAC includes health care staff and selected collaborating and consulting physicians. See policy #808.03, Prisoner Grievances, for Cleary-related health care grievances.

## E Health Care Personnel Training

- Orientation. All new health care personnel shall review the Department's orientation and health care manuals, and receive the training specified in policy #401.01 or #401.02. Health care personnel shall attend the Support Academy, contingent upon the Department's budget.
- 2. Continuing Education See policy #401.01, Minimum Training Programs for Employees. The Health Care Administrator shall plan and carry out health care education and ensure that appropriate personnel participate. Health care personnel shall maintain current licenses at their own expense.
- Records. The Health Care Administrator shall keep records of each health care staff member's credentials. The Correctional Academy shall keep records of each health care staff member's training provided by the Department. See policies #401.01 and #401.02.
- F. Staff Meetings. The Department and each institution shall hold health care meetings and special training sessions for health care personnel, contingent upon available resources, as follows:
  - each institution shall hold at least monthly health care staff meetings;
  - the Department shall hold at least quarterly health care staff meetings;
  - the Health Care Administrator may call special staff meetings when necessary; and
  - the Institutional Health Care Officer and the Superintendent shall meet or confer at least weekly on issues regarding the health care unit.

## G Health Care Staff Personnel Actions

Hiring Personnel. The Health Care Administrator must approve the hiring of all state employed health care personnel.

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- a. The health care hiring authority shall consult with the Superintendent before hiring an Institutional Health Care Officer or a Mental Health Clinician III.
- b. The health care hiring authority shall consult with the Nurse Coordinator before hiring any nurses.
- Performance Evaluations. The supervisor of the evaluator shall review all health care staff performance evaluations before the evaluation is discussed with the staff member. The Health Care Administrator must sign each evaluation.
  - a. Institutional Health Care Officers: The Health Care Operations Officer shall evaluate all Institutional Health Care Officers, with written input from the Superintendent and collaborating physician.
  - b Mental Health Clinicians: The Mental Health Clinician IV shall evaluate all supervising mental health clinicians with written input from the Superintendent.
  - c. Nurses: The nurses' immediate supervisor shall evaluate all state-employed nurses in coordination with the Nurse Coordinator.
  - d. Other Health Care Personnel: All other health care personnel shall be evaluated by their immediate supervisor.
- Disciplinary Actions. The Health Care Administrator and the Superintendent shall
  participate in any serious employee disciplinary actions (e.g., suspensions,
  terminations) within an institution's health care unit.
  - a. Security Matters: The Superintendent and the Institutional Health Care Officer shall resolve all security matters that affect the delivery of health care. If they do not agree, the Health Care Officer shall notify the Health Care Administrator and the Director of Institutions. The Director of Institutions shall resolve the matter.
  - b. Health Care Delivery Problems: The Institutional Health Care Officer, collaborating physician, and the Health Care Operations Officer shall resolve all problems related to health care delivery. MAC has the final authority if the issue is not resolved at earlier stages.
- 4. Leave. Health care staff must give the Health Care Administrator or designee at least 14 days advance notice of all scheduled leave. Staff must give as much notice as possible for unscheduled leaves of absence.
- Professional Review. The Health Care Administrator may, without prior notice, require peer review of contract physicians, institutional health care officers, dentists, or other health care personnel.

H. Contract Nursing Personnel. A designated state employee shall clinically supervise contract nursing personnel. The contractor is responsible for hiring and disciplinary actions.

Superintendent's Duties. The Superintendent is responsible for the on-site security operations of health care services associated with an institution under his or her supervision. The Superintendent shall:

- 1 work with the Health Care Operations Officer or Mental Health Clinician IV to hire, place, evaluate the performance of, or discipline the Institutional Health Care Officer or supervising Mental Health Clinician; and
- 2 request medically acceptable alternative forms of treatment for prisoners if a treatment decision would significantly threaten security (e.g., use of crutches by a violent prisoner).
- J. Health Care Equipment and Supplies. The Health Care Administrator is responsible for the purchase, distribution, maintenance, and disposal of all Department health care supplies, equipment, and materials.
  - Supply Requests. Institutional health care staff shall request health care supplies through the Central Pharmacy. Staff shall ask for general operating supplies shown on the authorized stock list and approved stock levels. See policy #807.15, Use of Pharmaceutical Products.
  - Stock List and Levels. The Institutional Health Care Officer shall prepare a stock list and stock levels for each institution's health care unit that include daily consumable supplies, operating tools, and equipment. The Health Care Administrator must approve the stock list and levels.
  - Inventory. The Department supply officer shall inventory annually all medical equipment for each medical unit.

#### K Health Care Service Vendor

Bills. The Major Medical Office shall process all billings for prisoner health care services (fee for service or contractual).

- 2 Authentication. Each provider must attach a completed copy of the Prisoner Health Care Referral Authorization (form 807.02B) to the billing and send it directly to the Health Care Administrator. Institution health care staff who requested the service shall verify the billing, under emergency circumstances, when a provider's staff cannot complete the form at the time of service.
- L. Health Care Logs, Records, and Reports
  - Daily Health Care Activity Logs. Each Institutional Health Care Officer shall keep a health care services log in accordance with policy #803.11, Permanent Record Logs. Staff shall make all entries in ink, use all lines, and make an entry at the

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beginning and end of each health care shift. The Institutional Health Care Officer must ensure that on-duty health care personnel enter the following information in the log:

- name and title of all health care staff on duty;
- time in, time out, and purpose of all visits, including contract physicians, ъ. dentists, etc.;
- all emergency room visits and hospital admissions;
- d names of seriously ill prisoners and their treatment programs;
- number of health screenings, physical examinations, consultation transports and prisoners on sick call and dental call;
- staff person responsible for and time that inventory of controlled substances was conducted (e.g., narcotics, syringes, needles, etc.);
- all major injuries and action taken;
- any failure of medical or physical plant equipment; and significant activities of staff (medication dispensing, etc.) and noteworthy events or incidents.
- Sick Call Activity Record (SCAR). Each institution's medical unit shall keep a SCAR to record daily sick call activity under policy #807.11, Sick Call (form 807.11A).
- Hospitalization and Emergency Room Visit Reports. Each institution shall fax a daily prisoner Hospitalization and Emergency Room Visit Jeport to the health care scheduler at the beginning of the next work

Margaret M. Pugh, Commissioner

Department of Corrections

Attachment 807.01A

Authority:

A.S. 33.30.011

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Rust v. State, 582 P.2d 134, modified on other grounds, 584 P.2d 38 (1978) Cleary Pinal Order, 3AN-81-5274 CIV, Sept. 1990

Forms Applicable:

807.02B

807.11A